

SOURCE WATER MONITORING AND TREATMENT

(FORM 141-D)

System's Name: _____	9 CWS	9 NTNC
	T y p e :	
	9 >100,000	
Address _____	Size: 9 10,001 to 100,000	
_____	9 3,301 to 10,000	
_____	9 501 to 3,300	
_____	9 101 to 500	
_____	9 #100	
Telephone number: _____		
System ID #: _____		
Contact Person: _____		

SOURCE WATER DATA

Attach all data collected at all entry points to the distribution system. List the highest values obtained in sampling for this monitoring period and attach the results of all other samples collected at each entry point.

Entry Point Location		Pb Values	Cu Values
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

SOURCE WATER MONITORING AND TREATMENT

SOURCE WATER TREATMENT RECOMMENDATION

Treatment recommendation: _____

Reason for treatment/no treatment recommendation: _____

Attach additional pages as necessary.

CERTIFICATION THAT SOURCE WATER TREATMENT HAS BEEN INSTALLED

The _____ water system certifies that source water treatment has been installed and is being properly operated as agreed to between the above named water system and the State of _____. Water treatment was required to be installed by _____ (date). Source water treatment was actually installed on _____ (date).

MODIFICATION OF STATE TREATMENT DECISION AND /OR MAXIMUM PERMISSIBLE LEAD AND COPPER LEVELS

Reason for modification: _____

Attach all supporting studies, data, treatment specifications, etc. that substantiate this request for modification.

SIGNATURE

NAME

TITLE

DATE